

**Houston Independent School District  
STEM Magnet Thematic Entrance Agreement, 2024-2025**

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Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**Expectations for the Student**

Magnet Students should demonstrate commitment to the magnet theme by the completion of all assignments and course meetings as required. They will contribute to sustaining a school environment that promotes mutual respect and supports the success of others as outlined in the student code of conduct.

**Expectations for the Family**

Family engagement and partnership is required for the Magnet educational experience. Families are expected to be responsive to communication from the school regarding academic progress, attendance, and behavior.

**Continuation Requirements**

- Students will participate in a minimum of two thematic based electives and competitions (i.e. Engineering, robotics)
- Students must pass all Math, Science, and campus specific STEM electives to stay on track

**High School Specific requirements (All of the above including):**

- All high school students must take four years of Math and Science

Students who do not meet program continuation requirements, are placed on an **HISD Magnet Growth Plan** for a minimum of one grading cycle. The growth plan is intended to help students and parents successfully meet program expectations. A growth plan committee comprised of campus professionals and parent(s) will evaluate progress on this plan at the end of the specified time period. The growth plan is reviewed each grading cycle that it remains in place and is used to determine if the student should continue in the Magnet program the following school year. All Magnet transfers are for one year and may only be denied at the end of the year.

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**Please Note:**

- Students cannot be placed in the regular educational program on the same campus where they have a Magnet transfer.
- All students are limited to a single transfer each school year.
- Should the child choose to leave the program **voluntarily** before the end of the school year, he or she may return only to their zoned campus. A voluntary exit form must be completed if a student withdraws from the program before the end of the year.
- Any student with an approved Program Choice/Magnet transfer must attend the first day of school to which the transfer is granted in order to guarantee a spot at that school, unless there is an extenuating circumstance.

**We agree to adhere to the program expectations and policies as outlined in this agreement. All signatures are required for this agreement to be active. Student signature is only required for students in grades 6 and above.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/ Designee: \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL YEAR	GRADE	CAMPUS
2024-2025		
FOR OFFICE USE ONLY		
ENROLLMENT DOCUMENTATION		
DATE OF ENTRY		
DISTRICT ID NO.		
STUDENT LOCAL ID NO.		
DISTRICT OF RESIDENCE		

## STUDENT ENROLLMENT FORM 2024-25

**HOUSTON INDEPENDENT SCHOOL DISTRICT  
4400 WEST 18TH ST - HOUSTON, TEXAS  
77092-8501 PHONE: 713-556-6000**

### STUDENT INFORMATION / USAR LETRA DE MOLDE

SOCIAL SECURITY NO. / NUMERO SOCIAL		STUDENT NAME / NOMBRE DE ESTUDIANTE		
	LAST / APELLIDO	FIRST / PRIMER NOMBRE	MIDDLE INITIAL / SEGUNDO (INICIAL)	GENERATION / GENERACION
GENDER / EL GENERO		DOB / FECHA DE NACIMIENTO		CITY / CIUDAD
<input type="checkbox"/> MALE/ MASCULINO <input type="checkbox"/> FEMALE/ FEMENINO				STATE / ESTADO
				COUNTRY / PAIS
				UNITED STATES OF AMERICA
RESIDENTIAL ADDRESS - CITY. ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL			MAILING ADDRESS - CITY ZIP CODE / LA DIRECCION RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL	
HOME PHONE / TELÉFONO		E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO		
FEDERAL ETHMCTY / ETHICIDAD DEL ALUMNO (SELECT ONE)		RACE / RAZO (SELECT ALL THAT APPLY)	<input type="checkbox"/> (1) AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> (2) ASIAN OR PACIFIC <input type="checkbox"/> (3) BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (4) WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	
<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO				
SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD		NAME/NOMBRE	SCHOOUESCUELAS	GRADE/GRADO
LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS		CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL
				GRADE LAST COMPLETED / ÚLTIMO GRADO COMPLETADO
CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1		<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECTION RESIDENCIAL / LA DIRECCION RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL	
LAST NAME / APELLIDO		FIRST NAME / PRIMER NOMBRE		
HOME PHONE / TELÉFONO DE CASA		WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DE TELÉFONO CELULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO
CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2		<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECTION RESIDENCIAL / LA DIRECCION RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL	
LAST NAME / APELLIDO		FIRST NAME / PRIMER NOMBRE		
HOME PHONE / TELÉFONO DE CASA		WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DE TELÉFONO CELULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO

I understand that if there are any changes to this information that it is my responsibility to notify the school and to provide appropriate documentation.

Yo entiendo que si tengo algunos cambios en mi informacion yo sere responsable de notificar la escuela y proveere la documentacion apropiada.

date

Signature of Parent/Guardian/Appointee

Please Print Name

Month Day Year

1. Students at least 5, but less than 21 on or before September 1 and must be a resident of a participating district are eligible for tree attendance.
2. The parent or guardian signature must be the same as the name of the person with whom the student resides.
3. Texas penal code §37.10 provides that presuming a false document or false records for enrollment in school is an offense under state law.
4. Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas education code §25.001(h).
5. Texas education code §25.002 (f). Requires the school district to record the name, address, and date of birth of the person enrolling a child. /li>



## Enrollment Information Additional Contact Form 2024-2025

Student Name/ Nombre del estudiante	HISD Student ID/ Identificación del estudiante HISD
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Individuals not listed on the Enrollment Information Form or Additional Contact Form will not be allowed to pick up your child. Please enter all persons allowed to pick up your child. If you need an additional form, please let your child's homeroom teacher know. We will send an additional form home with your child. To view or edit your child's contact list, log in to HISD Connect at <https://www.houstonisd.org/PSC>

Las personas que no estén en la lista del Formulario de Información de inscripción (Enrollment Information Form) o en el formulario de contacto adicional (Additional Contact Form) no podrán recoger a su hijo(a). Por favor incluya todas las personas autorizadas a recoger a su hijo(a). Si necesita un formulario adicional, comuníquese con el maestro de aula de su hijo(a). Enviaremos un formulario adicional a casa con su hijo. Para ver o cambiar la lista de contactos de su hijo, entre a la página de HISD Connect al <https://www.houstonisd.org/PSC>

Contact Name/ Nombre del contacto	Relationship/ Relación
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Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula
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**Please check box(es) applicable to this contact person/ Por favor de seleccionar la caja(s) que apliquen ala persona asignada como contacto en esta forma:**

<input type="checkbox"/> Lives with student/ Vive con el estudiante	<input type="checkbox"/> Emergency/ Emergencia	<input type="checkbox"/> Has permission to pick up student/ Tiene permiso para recoger al estudiante
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Contact Name/ Nombre del contacto	Relationship/ Relación
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Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula
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**Please check box(es) applicable to this contact person/ Por favor de seleccionar la caja(s) que apliquen ala persona asignada como contacto en esta forma:**

<input type="checkbox"/> Lives with student/ Vive con el estudiante	<input type="checkbox"/> Emergency/ Emergencia	<input type="checkbox"/> Has permission to pick up student/ Tiene permiso para recoger al estudiante
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Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula
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<input type="checkbox"/> Lives with student/ Vive con el estudiante	<input type="checkbox"/> Emergency/ Emergencia	<input type="checkbox"/> Has permission to pick up student/ Tiene permiso para recoger al estudiante
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Contact Name/ Nombre del contacto	Relationship/ Relación
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Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula
------------------------------	----------------------------------	---------------------------------

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<input type="checkbox"/> Lives with student/ Vive con el estudiante	<input type="checkbox"/> Emergency/ Emergencia	<input type="checkbox"/> Has permission to pick up student/ Tiene permiso para recoger al estudiante
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**Kimberly Hobbs, Principal**

K-2 Administrator – Jacqueline Curtis  
3-5 Administrator – Ruby Gilbert  
6-8 Administrator – Marilyn Callegari

6-8 Counselor –Shaniquwa Finley Carter  
Magnet Coordinator – Vickie Matson

**REQUEST FOR STUDENT RECORDS  
(Petición de documentos del estudiante)**

To: \_\_\_\_\_

Route: \_\_\_\_\_

**Last School Attended  
Escuela en que asistió el estudiante**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip**

**Registrar's Instructions: The following student(s) has enrolled in our school. Please send a copy of his/her complete file, including the permanent record, available test scores, year-to-date grades, any special education records, and health records.**

**I hereby authorize the release of information mentioned above to The Rice School/La Escuela Rice.**

**Student's Name:** \_\_\_\_\_

**Nombre del estudiante**

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Nombre del estudiante**

**Entering Grade:** \_\_\_\_\_

**Grado entrante**

\_\_\_\_\_  
**Parent Signature**

**Firma del padre**

\_\_\_\_\_  
**Date**

**Fecha**

**Please Mail Directly to:  
The Rice School/La Escuela Rice  
7550 Seuss Dr.  
Houston, TX 77025**

**Or**

**Email to:  
Chandra Ferguson  
cfergus4@houstonisd.org**

Student Name: \_\_\_\_\_

District Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Campus Name: \_\_\_\_\_

## HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

**To be completed by Parent or Guardian for students enrolling in Prekindergarten\* through grade 8 (or by students in grades 9-12).**

\* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

### Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

### Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

**Part Two:**

Please answer the questions to the best of your ability.

1. Which languages are used at home? \_\_\_\_\_
2. Which languages are used by the child at home? \_\_\_\_\_
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). \_\_\_\_\_

**By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:**

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

**Note:** Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal ([txel.org](http://txel.org)) for additional information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student if Grades 9-12 \_\_\_\_\_ Date \_\_\_\_\_



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## HEALTH INVENTORY

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

TEACHER \_\_\_\_\_

SCHOOL LAST ATTENDED \_\_\_\_\_

Please fill in this form and return to the teacher or nurse. The information given on this form will help the school staff to have a better understanding of your child's health needs:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Birth weight \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Have you ever been told by a doctor that your child had:

	Age First Identified	Under Doctor's Care?		Age First Identified	Under Doctor's Care?
Asthma			Bone/Joint Problem		
Allergies			Rheumatic Fever		
Blood Disorder			Surgery/Fractures		
Diabetes			T. B. Disease		
Epilepsy/Seizures			Hearing Loss		
Heart Disease			Vision Loss		
Kidney Disorder			Severe Menstrual Cramps		
Cancer			Eating Disorder		

### Please check if you have observed any of the following in your child:

Tires easily       Earaches       Wheezing, shortness of breath with exercise  
 Frequent headaches       Difficulty making friends       Nail Biting  
 Fainting       Coughs frequently at night       Restlessness

Has your child been seen by a doctor for any of the above?  Yes  No

Is your child on any kind of medication?  Yes  No

If so, what? \_\_\_\_\_

For what condition? \_\_\_\_\_

Further comment \_\_\_\_\_

What type of medical insurance do you carry for this child?

CHIP  Medicaid  HCHD  Private Insurance  None

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen  
**and/or**
- Has a severe life-threatening food allergy

Signature \_\_\_\_\_



## REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

**TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Campus: \_\_\_\_\_